

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 101 66	2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Robert K. Schroeder P.O. Box, Bldg., Room No., if any Street 3310 Sheridan Rd. City Pekin State IL ZIP Code + 4 61554	4. Name, file number, and address of labor organization. Name Laborers' Local 231 Labor Organization File Number 024-139 P.O. Box, Building and Room Number, if any P.O. Box 374 Street 2503 Broadway City Pekin State IL ZIP Code + 4 61555-0374
5. Position in labor organization.	

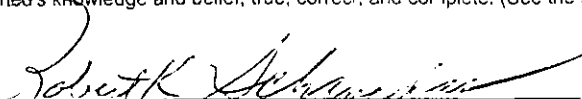
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On **August 12, 2005**
Date

309-353-5706
Telephone Number

Name of Person Filing	Robert K. Schroeder	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

North Central IL Laborers' District
Name Council LECET

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

4208 W. Partridge Way

City

Peoria

State

Illinois

ZIP Code + 4

61615-2467

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Laborers' Local 231

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

P.O. Box 374

Street

2503 Broadway

City

Pekin

State

Illinois

ZIP Code + 4

61555-0374

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reception - Tri-Fund Conference
01/18/04 - Disney Yacht & Beach
Club / Florida

12.b. Amount.

\$103.52

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. Dept of Labor
EMPLOYEE STANDARDS
OFFICE OF LABOR MANAGEMENT
200 Constitution Ave. NW Room N-5616
Washington, D. C. 20210

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7002 2410 0001 8156 1929

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. Department of Labor
ESA/OLMS Room - 5616
200 Constitution Avenue
Washington, DC 20210-0001

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

3X

☐ Agent

☐ Addressee

E. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No



3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☒ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

700-1670-0001-1925-8237

Domestic Return Receipt

102595-02-1A-1541



PEKIN OFFICE: PHONE (309) 347-7106
FAX (309) 347-9498
QUINCY OFFICE: PHONE (217) 223-5620

Laborers' International Union of North America - Local 231

2503 BROADWAY • P.O. BOX 374 • PEKIN, ILLINOIS 61554

OFFICE HOURS: MON. THROUGH FRI., 7:00 A.M. TO 3:30 P.M.

667-2001-62

STEVE EVANS
PRESIDENT

August 12, 2005

ROBERT K. SCHROEDER
BUSINESS MANAGER
SECRETARY-TREASURER

U.S. Department of Labor
Employee Standards of Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D. C. 20210

RE: Form LM-30 Filing for Robert K. Schroeder, Laborers' Local 231


Dear Sir and Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I have no specific recollection of any benefits received.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so; I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

Robert K. Schroeder
Business Manager